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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: CHINTIMINI KENNEL CLUB INC. Number and street (or P O box, if mail is not delivered to street address): PO BOX 19. City or town, state or country, and ZIP + 4: CORVALLIS, OR 97339

D Employer identification number: 93-0579028. E Telephone number. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$140,210

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 345 to 144,217.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	145,211	22	141,819
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,448	24	2,398
25 Total assets	149,659	25	144,217
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,659	27	144,217

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
THIS ORGANIZATION HOLDS COMPETITIVE DOG SHOWS AND PROVIDES FUNDING FOR VARIOUS SCHOLARSHIPS AND DONATIONS TO OTHER NON-PROFIT ORGANIZATIONS THE MISSION STATEMENT INCLUDES PUBLIC AWARENESS FOR PROPER CARE AND HANDLING OF ANIMALS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THIS ORGANIZATION HOLDS COMPETITIVE DOG SHOWS AND PROVIDES FUNDING FOR VARIOUS SCHOLARSHIPS AND DONATIONS TO OTHER NON-PROFIT ORGANIZATIONS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JOHN STEWART Telephone no (541) 752-4201 Located at 7820 NW MITCHELL CORVALLIS, OR ZIP + 4 97330
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ***** Signature of officer Date 2013-05-02 JOHN STEWART Treasurer Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature F E Judy Lasswell EA Date Check [X] if self-employed PTIN P00980422 Firm's name US Tax Svc - Worldwide Firm's EIN Firm's address 418 NW 5th Street Corvallis, OR 97330 Phone no (541) 753-4009

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
CHINTIMINI KENNEL CLUB INC

Employer identification number

93-0579028

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1	Other Assets 1	INVESTMENT FUNDS UNREALIZED - Beginning \$4448 INVESTMENT FUNDS UNREALIZED - Ending \$1235
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$0 Machinery and Equipment - Ending \$1163
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	LICENSES \$50
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	BANK FEES \$58
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	FEDERAL TAX \$92
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	EDUCATION \$150
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	NSF \$158
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	SUPPLIES \$165
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	RETURN FEES \$330
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	RAFFLE EXPENSE \$340
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	RENT \$523
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	SHOW POSTAGE & SUPPLIES \$749
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	FUN MATCH \$1013
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	SHOW SECURITY \$1603
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	FLOWERS/HOSPITALITY \$1924
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	TROPHIES/AWARDS \$3313
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	STEWARDS, VETS, PARKING \$4316
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	HANDLING CLASS \$8014
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	SHOW HOSPITALITY \$10806
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	AKC FEES \$11786

Additional Data

Software ID: 12000229

Software Version: 2012v2.0

EIN: 93-0579028

Name: CHINTIMINI KENNEL CLUB INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KATHY BLACKBURN Secretary	0	0		
DOUGLAS BURHAM Director	0	0		
HEATHER BADGETT Director	0	0		
SUSAN PISIAS Secretary	0	0		
LINDA ENG Director	0	0		
JOHN STEWART Treasurer	0	0		
LINDA BOYD Vice President	0	0		
SILVIA MOORE President	0	0		

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	JUDGES \$12064
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	SUPERINTENDING FEES \$28050
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$390
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$581
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$3509
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$110
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$15
Form 990-EZ, Part I, Line 8 6	Other Revenue 6	REFUNDS \$14
Form 990-EZ, Part I, Line 8 5	Other Revenue 5	RAFFLE \$795
Form 990-EZ, Part I, Line 8 4	Other Revenue 4	CATALOG \$1000
Form 990-EZ, Part I, Line 8 3	Other Revenue 3	TROPHY REVENUE \$1200
Form 990-EZ, Part I, Line 8 2	Other Revenue 2	FUN MATCH REGISTRATION \$2515
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	SHOW VENDORS \$8515